Under the Paperwork Reduction Act of 1895, his persons are regulated to respond to a collection of knownallon unless it displays a valid OKB. control number. PATENT APPLICATION FEE DETERMINATION RESERVED Substitute for Form PTO-876 Application of Docket Humber APPLICATION AS FILED - PART ! (Column 1) (Column 2) OTHER THAN SMALL ELITITY .PR SMALL ENTITY NUMBER FILED HUMBER EXTRA BABIQ FEE RATE (\$) FEE (\$) (37 OFR 1.16(2), (b); or (c)) N/A RATE (\$) FEE (\$) . iva BEARCH FEE . N/A 187 OFR TITELLY, (D. or (my) N/A N'A AVA EXAMILIATION FEE (87 OFR 1.16(0), (p), or (q) N∕A N/A H/A HVA: TOTAL CLAIMS FIT CFR 1.16(11) ŃΑ NA minus 20 = 25 = INDEPENDENT CLAIMS (37 OFR 1.15(N)) OR 50 minus s = If the specification and drawings exceed 100 x 105 200 sheels of paper, the application size fee due APPLICATION SIZE Is \$260 (\$ 130 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTPLE DEPENDENT CLAIM PRESENT GT OFR 1.16 (1) 185 370 If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS SMALL ENTITY HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER MENDMENT RATE (\$) -NOOI-PREVIOUSLY EXTRA RATE (\$) ADDI-TIONAL FEE (s) Total Minus TIONAL FEE (\$) Independent OF OFR 1,15(N) x 25 bк Minus .50 ú Application Size Fee (37 CFR 1.16(s)) x 105 = 210 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(II) (85 370 OR TOTAL ADD'L FEE TOTAL ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT AFTER AMENDMENT RATE (\$) PREVIOUSLY ADDI-EXTRA RATE (\$) ADDI-TIONAL FEE (\$) DMEN PAID FOR Total on of R 1.1500 TIONAL Minus FEE (\$) Independent PT OFF-1.16(N). x 25 Minus × 50 AMEN OR x 105 = Application Size Fee (37 CFR 1.16(s)) OR: x: 7-10 EIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM. TO TOTA 1.16(1) OR ! Kithe entry in column 1 is less than the entry in column 2, table of the column 3.

"If the Highest Number Previously Paid For MTHIS SPACE is less than 3, enter 3.

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This collection of Information is required by 37 CFR 1.16. The Information is required to the process of TOTAL . (1 you need assistance in completing the form, ball 1-603-PTO-8160 and select option 2.